

American Medical Association

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April 8, 1997

Federal Communications Commission
Office of Secretary

Office of the Secretary
Federal Communications Commission
1919 M Street, NW
Washington, DC 20554

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RE: CS Docket No. 97-55 Industry Proposal for Rating Video Programming

Dear Mr. Secretary:

The American Medical Association (AMA), is pleased to submit comments on the National Association of Broadcasters (NAB), the National Cable Television Association (NCTA) and the Motion Picture Association of America's (MPAA) proposal for a voluntary ratings system (the industry proposal) for video programming. Never before have parents so needed a ratings system to decrease their children's exposure to media violence and other harmful programming.

For many years, the AMA has actively investigated and analyzed the deleterious effects that TV violence has on children. Since 1976, the AMA has recognized TV violence as a risk factor which threatens the health and welfare of young Americans and the future of our society.

I. The Need for an Effective Television Ratings System

Today 99% of homes in America have a television. In fact, more families own a television than a phone. An astonishing 54% of children actually have a television set in their bedrooms, a practice which the AMA urges parents to avoid. The average American child spends about 28 hours a week watching television, some as much as 11 hours per day. Before he or she reaches the age of 18, the average child will witness more than 200,000 acts of violence on television, including 16,000 murders. A recent survey revealed that of the shows that contained violence, three quarters of them demonstrated acts of violence that went unpunished. With statistics like these, it is not surprising that a recent population study showed homicide rates doubling within the 10 to 15 years after the introduction of television.

We know that television violence may lead to real life violence. Science has proven this link time and time again. We know, for example, that children exposed to violent programming at a young age have a higher tendency for violent and aggressive behavior later in life than children who are not so exposed. Longitudinal studies tracking viewing habits and behavior patterns of a single individual found that 8-year old boys, who viewed the most violent programs growing up, were the most likely to engage in aggressive and delinquent behavior by age 18 and serious criminal behavior by age 30.

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The crux of the problem is that children exposed to violence on TV are more likely to assume that acts of violence are acceptable behavior. Parents across America know this. Three quarters of American parents (89% of mothers) today are turning off their televisions or walking out of movie theaters because of overly violent content. Never before have parents so strongly wanted precise information about violent content of TV programs. An AMA-sponsored survey revealed that a resounding 81% of parents want a television rating system that contains information to guide their children's viewing habits.

II. Does the Industry Proposal Meet the Standards Set forth in the Telecommunications Act of 1996?

Congress recognized the need for an effective television ratings system, when it enacted the Telecommunications Act of 1996. This law requires distributors of video programming to establish "voluntary rules for rating video programming that contains sexual, violent, or other indecent material about which parents should be informed before it is displayed to children." The Act provided that these "voluntary rules" be "**acceptable** to the Commission," or the Commission would establish its own rating system.

The Act itself does not elaborate on what constitutes an "acceptable" system. The Act, however, does recognize that "[p]roviding parents with timely information about the nature of upcoming video programming" serves a "compelling governmental interest" of "empowering parents to limit the negative influences of video programming that is harmful to their children."

The AMA fervently believes that an "acceptable" television rating system is one that is simple, practical, reliable, and which provides parents with the detailed content information necessary to make informed choices about what their children watch. Over the years, the AMA has worked diligently with national medical specialty societies and other organizations that have studied the impact of television violence on children to ensure that such a system is actually implemented.

To comply with the Telecommunications Act of 1996, various members of the broadcast and cable industry worked together to develop a voluntary rating system known as the TV Parental Guidelines. This system, in effect since January 2, 1997, rates cable, network and syndicated programs. Programs are assigned one of the following six ratings: (1) TV-Y, which is appropriate for children of all ages; (2) TV-Y7, which is suitable for children 7 and above; (3) TV-G, which is suitable for all ages; (4) TV-PG, where parental guidance is suggested because of infrequent coarse language, limited violence, and some suggestive sexual dialogue and situations; (5) TV-14, which may be inappropriate for children under 14 because of sophisticated themes, strong language and sexual content; and (6) TV-M, which is suitable for "mature audiences only" because of profane language, graphic violence and explicit sexual content.

The AMA believes this system fails to meet the goals of an “acceptable” rating system for four reasons: (1) it does not adequately convey the kind of information that parents want about the specific content of the program; (2) the length of time the icon is televised is not long enough to afford parents an adequate opportunity to see the icon; (3) the rating system was developed without the input of parents and other public health organizations which are most interested in protecting children from the harmful effects of television violence; and (4) ratings are made by TV industry executives based on insufficiently specific guidelines for ratings which are themselves not based on child health principles. These concerns are expressed in more detail below.

A. The Industry Rating System Does Not Adequately Convey To Parents Information About the Specific Content of the Program

These ratings, or icons as they are also called (e.g. TV-Y, TV-7, TV-G, etc.), are shown on the TV screen for 15 seconds before each program. Although the icons are actually shown on the TV screen, the content upon which they are based (as described above) is not. Thus, parents may see the icon for TV-PG but they do not see that the reason the show has this rating is because it “may contain infrequent coarse language, limited violence, and some suggestive sexual dialogue and situations.” And yet, study after study shows that this content information is exactly the kind of information parents want to see on the screen before each show begins.

The AMA believes that the television industry’s ratings system represents a positive first step towards informing parents about television programs. Although the rating system gives parents a vague idea about the show their children are about to watch, it is only a starting point. For the system to be “acceptable” so that it can provide the kind of information parents want and need, the content upon which the icons are based should be televised at the beginning of each show. The AMA would like to see the descriptions that the television industry has already developed be the basis for conveying the specific content (i.e. violence, sex or language) of each show to the viewing public.

Simply put, the voluntary system that exists today would be more acceptable if the icons are explained so that the precise reason for the icon for that particular show is televised. For example, parents should be able to know that a particular episode of “Roseanne” received a TV-PG rating this week because of coarse language. The same show next week may again carry the TV-PG rating, but this time it may be because of suggestive sexual dialogue. Parents should have this information so that they will not be confused or left in the dark about the content of a show they are about to let their children watch. Unless the TV industry gives parents useful and specific indicators of what is actually contained in the programming, parents will be unable to judge adequately the suitability of the programs and may unnecessarily expose their impressionable children to television violence.

We believe that this solution is a reasonable approach. First, the system already exists. The television industry's ratings program has already created the icons and it has already developed the descriptors upon which the icons are based. Therefore, there would be no increased burden on the industry to come up with a separate system. Second, the television industry's existing descriptors give parents the information they want. We would merely ask that the descriptor fit the specific content of a particular show. In this manner, the show would indicate whether the program contains violence, sex, objectionable language, or a combination thereof. Finally, broadcasting these descriptors would not be onerous on the industry. Cable systems such as Cinemax, HBO and others already convey this information in a similar form without disrupting the programming.

B. The Icons Should Be Televised Longer Than 15 Seconds

The Industry Rating System actually televises the icons for 15 seconds at the beginning of each show. For shows of one hour or more, the icon is repeated after the first hour. The AMA believes that this 15 second interval is insufficient to afford parents the opportunity to view the icon. If a parent is late turning on the television or arrives in the room 16 seconds after a show has commenced, he or she will not know anything about the content of the show their children are about to view.

We would recommend that the icons and their descriptors be shown for at least the first 30 seconds of the show. For shows of longer duration, the icons and their descriptors should be repeated at the end of each commercial break or every fifteen minutes (whichever is shorter), much as station logos are displayed.

C. Parents and other Public Health Entities Concerned With Childhood Development Should be Involved in Future Modifications to the Ratings System

The AMA is exceedingly concerned that the Industry Rating System was developed without adequate input from America's parents and other parties interested in and knowledgeable about limiting children's exposure to harmful programming. We would recommend that whatever rating system is ultimately approved be required to consult parents and other interested parties for their opinions and recommendations.

A system developed entirely by the television industry is not likely to address all of the critical issues that television violence involves. Without the valuable input of parents and other children's advocates, a television rating system cannot accomplish the task intended by Congress -- to serve the compelling governmental interest of empowering parents to limit the negative influences of video programming that is harmful to children.

Congress specifically recognized and intended the participation of parents and other interested parties in the development of a television rating system. In the Act of 1996, Congress required the Federal Communications Commission (FCC) to establish an Advisory Committee to make recommendations regarding guidelines and procedures for

identifying and rating video programming that contains sexual, violent, or other indecent material. In establishing this Advisory Committee the FCC was required specifically to:

“ensure that such committee is composed of parents, television broadcasters, television programming producers, cable operators, appropriate public interest groups, and other interested individuals from the private sector . . .”

Hence, Congress did not intend for the rating system to be developed without the important input of parents and other interested groups.

Moreover, including parents in the development of a television rating system would be congruent with parents’ participation and the MPAA moving rating system. This rating system is heavily influenced by parents and consumers alike. The AMA would like to see similar involvement of parents and other groups in the television rating system.

D. The Criteria for Establishing Ratings Must Be Based On Child Health Principles, Include Explicit Guidelines for Raters, and be Tested for Consistency

A key element of providing consistent and useful television ratings is the use of clear, consistent, and explicit rating criteria. Raters need to know what specific content elements and contexts correspond to any particular rating. Research has shown that the use by raters of explicit algorithms and structured, scored questionnaires leads to far better agreements among raters. This in turn assures parents greater consistency and confidence in ratings. The current industry system has never developed such explicit criteria nor has it been tested to insure that different raters are likely to agree with one another. How can parents be confident in a system that is so vulnerable to individual raters’ preferences or biases?

An important measure of a rating system’s utility should be how well ratings match assessments of parents. A well-designed system should have a sample of parents periodically rate shows using the brief descriptors that ratings are given (e.g., “not intended for children under the age of 14 because of violence and sexual material”), and these would be compared with the ratings supplied by the “official” raters. The current industry system has never undergone even a rudimentary test to establish whether its rating decisions are consistent with the opinions of parents.

III. The Technological Infrastructure of the Ratings System Should Remain Open

Because the television industry’s ratings system is in its infant stages and we do not know whether that particular system will be the optimum or only system in the long-run, the AMA adamantly supports keeping the technological infrastructure for the ratings system open. In this manner, if alternative ratings systems are later developed that parents would prefer, then such systems would not be foreclosed. After all, the ultimate consumer of the ratings system is parents. And parents should be afforded the opportunity to choose freely among competing ratings systems.

The Electronics Industry Association, in conjunction with the FCC, has developed the current technical standards which apply to the Vertical Blanking Interval (VBI). The VBI carries information not normally seen by the viewer. For several years the VBI has carried the cable TV ratings in Field #2 of its Line 21, and this is where the newer television industry rating codes have been carried. There is still room for considerable TV rating information, enough to include coded material for a more detailed existing system or even for alternate systems. If necessary, additional space could be created in this field, and Lines 15-20 of the VBI could also be used for rating information.

We understand that the FCC has considered limiting this standard so that only a single ratings system would ever be available to parents or that the amount of information a ratings system conveys would be limited. Restricting the standard at this juncture would be short-sighted and preclude parents the opportunity of choosing the rating system that they believe is right for them and their families.

IV. Conclusion

The AMA is thankful for this opportunity to provide comments on the ratings system for violence on television. We believe strongly that whatever system is implemented should convey sufficient information to parents so that they can make informed decisions about the programs their children view. In this vein, we believe the existing television industry's system would be adequate so long as (1) the descriptors, in addition to the icons, are televised; (2) the information is televised for a longer period of time than 15 seconds; (3) rating criteria are made more explicit and are scientifically tested; and (4) parents and other interested organizations are permitted to participate in the development of the ratings system. In addition, we strongly urge that the technological infrastructure for the ratings system be left open to enable parents access to alternative ratings systems that may surface in the future.

Sincerely,

A handwritten signature in cursive script that reads "P. John Seward, M.D.".

P. John Seward